

SAI-23 (10/08)

PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: APRIL 15, 2009

NAIC #	Check Number	r <u>: </u>
	QUARTERLY TAX PAYMENT CALCU	ULATION
	. '08 premium tax liability (#7 from tax return) or 90% of anticipated 2009 tax	\$
	. Less allowable deductions (See instructions on back)	\$
3.	. Total 2009 quarterly pre-payment (line #1 - #2)	\$
	Enter 25% of the amount on line #3 Amount of 2008 overpayment applied to this payment (see line #39 of the tax return)	\$ \$(
6.	. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on back
N	Iail payment to: Montana Ins Dept - 840 Helena Ave - H	elena MT 59601
SAI-23 (10/08	PROPERTY AND CASUALTY INSU	
State of Montana	PROPERTY AND CASUALTY INSU QUARTERLY PREMIUM TAX PAY DUE DATE: JUNE 15, 2009	YMENT
State of Montana Insurer Name	PROPERTY AND CASUALTY INSU QUARTERLY PREMIUM TAX PAY DUE DATE: JUNE 15, 2009	YMENT
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PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: SEPTEMBER 15, 2009

ULATION
\$
\$
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\$
\$()
\$
(Instructions on back)
Helena MT 59601



PROPERTY AND CASUALTY INSURERS QUARTERLY PREMIUM TAX PAYMENT DUE DATE: DECEMBER 15, 2009

IAIC#_	Check Number	r <u>:</u>
	QUARTERLY TAX PAYMENT CALCU	LATION
1	1. '08 premium tax liability (#7 from tax return) or 90% of anticipated 2009 tax	\$
2	2. Less allowable deductions (See instructions on back)	\$
3	3. Total 2009 quarterly pre-payment (line #1 - #2)	\$
	4. Enter 25% of the amount on line #3 5. Amount of 2008 overpayment applied to this	\$
	payment (see line #39 of the tax return)	<u>\$(</u>
(6. QUARTERLY AMOUNT REMITTED (#4 - #5)	\$(Instructions on ba

Mail payment to: Montana Ins Dept - 840 Helena Ave - Helena MT 59601

SAI-23 (10/08)

OUARTERLY TAX PAYMENT INSTRUCTIONS

Line #2 Instructions

The quarterly amounts should be reduced by subtracting the following allowable deductions:

Anticipated 2009 tax offsets (20% of Montana Life and Health Insurance Guaranty Association assessments paid during tax years 2004-2008):	
1 5 ,	\$
B. Montana Comprehensive Health Association assessments (excluding HIPAA Plan Liability assessments)	s: \$
Total allowable deductions to transfer to line #2 (on front)): \$

Other Instructions

Please do not combine amounts for affiliated companies on a single check.

If the amount on line #3 is zero or a negative amount: Enter zero on line #3 and #6 on all 4 payment vouchers and return all 4 vouchers to this office by April 15, 2009.

If insurer deems the total 2009 quarterly pre-payment requirement on line #3 to be a minimal amount (less than \$100), combine all 4 payments in one check, complete all 4 vouchers and submit the payment on or before April 15, 2009.

If premium writings have declined from the previous year, you may substitute the amount on line #1 with an amount equaling 90% of the 2009 anticipated premium tax.

If you have any questions, please contact our office at (406) 444-2040.

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В.	Montana Comprehensive Health Association assessments:	\$
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